

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 173

Registered No. 184

PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Globe No. County Wop St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Ronald Graham Arnold { If child is not yet named, make supplemental report, as directed.

Sex of Child m To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Oct. 25. 1929
Month Day Year

FATHER
Full name Peter J. Arnold
Residence (Usual place of abode) Christmas
If non-resident, give place and state. Ariz.

1. Color or race W. 11. Age at last birthday 33 (Years)

2. Birthplace (city or place) Kansas
(State or country)

3. Occupation mill foreman
Nature of Industry

MOTHER
Full maiden name Blanche M. Campbell
15. Residence (Usual place of abode) Christmas
If non-resident, give place and state. Ariz.

16. Color or race W. 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Kansas
(State or country)

19. Occupation Housewife
Nature of Industry

1. Number of children of this mother 4 (a) Born alive and now living 4 21. Were precautions taken against ophthalmia neonatorum? yes
Taken as of time of birth of child herein certified and including this child. (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 10:30 a.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature R. D. Kennedy
(Physician or midwife).

Even name added from supplemental report _____ Address _____
Month, day, year

Registrar W. E. Wightman Registrar

914-1028-233